

ISSUE SLIP STAFF AREA (DEFINITION OF RESPONSIBILITY)

PORTION	DETAILS	ID NO.	DATE
FEE DETERMINATION	N/A		03/21/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-5	943	5-22-1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- Rejected
- Allowed
- (Through national)
- Classified
- Restricted
- Disputed
- Interference
- Appeal
- Adjusted

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
3		3		3	
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97		97		97	
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100		100		100	

If more than 160 claims or 10 actions  
 staple additional sheet here

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